

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		41	1/3/01
FORMALITY REVIEW	✓ NN	859 78	05-22-01 1/7/02
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	5/9
2	5/22
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AVAILABLE COPY

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here